



				Complete if Known			
Sui	ostitute for form 1449/PTO			Application Number	08/977,846		
l in	NFORMATIO	N DI	SCLOSURF	Filing Date	November 25, 1997		
	TATEMENT			First Named Inventor	John O. RYAN		
`	//AILMEN	<i>D</i> , ,	ALL LIOAN	Art Unit	3628		
	(Use as many she ets as necess ary)			Examiner Name	I. Borissov		
Sheet	1	of	1	Attorney Docket Number	549222000101		

	U.S. PATENT DOCUMENTS						
Examiner Initials*	Cite No.1	Document Number  Number-Kind Code <sup>2</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear		

		FOREIG	GN PATENT	DOCUMENTS		
Examiner Initials*	Cite No.1	Foreign Patent Document  Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	ヸ
	1.	EP-0 513 925-A2, A3, B1	11-19-1992	Societa Italiana Per Lo Sviluppo Dell' Elettronica S.I.SV.EL S.P.A		

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		NON PATENT LITERATURE DOCUMENTS	
Examiner Initials	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journ al, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T²

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Substitute for form 1449/PTO

## INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Sheet 1 of 1

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